

## HCBS BUDGETING START DATES

HCBS budgeting begins with the choice/assessment date (depending upon the waiver). The client obligation for the first month is considered met even if services are not expected to begin until the month following.

If services are not expected to begin in the month following the month of choice or assessment, HCBS budgeting cannot begin until the month of services.

FE, PD, SED, MR/DD	Autism/TA	HI/TBI	PRTF-CBA
Choice	Assessment	As approved by program manager	As approved by the wrap around team.

### Example

Roy Hobbs applies for medical assistance under the HCBS program in October. His total monthly income is \$980. The EES worker receives the ES-3160 from the case manager. The form indicates that Roy is eligible for HCBS on the FE waiver. His choice date is October 5<sup>th</sup> and services will begin November 1<sup>st</sup>. The monthly cost of services is approximately \$800.

Based on Roy's income, he would have an HCBS obligation of \$233. The worker approves his case effective October using HCBS budgeting methodologies. The worker enters a **Y** in the 'COST OF CARE > SPENDDOWN' field on **SPEN**. The **LOT**C screen is coded for HCBS payment. Roy will receive a medical card for October, even though his client obligation will probably not be collected for the initial month.

### Example

Iris Gaines applies for medical assistance under the HCBS program in October. Iris' total monthly income is \$925. Iris is an indecisive person and could not make up her mind if HCBS was the program for her due to her worries about the estate recovery provisions.

The EES worker receives the ES-3160 from the case manager, it indicates that Iris meets the criteria for the FE waiver, her choice date was October 30<sup>th</sup>, services will begin December 1<sup>st</sup>, and the monthly cost of care is approximately \$800.

The worker approves Iris' application, but must budget the months of October and November as a two-month independent living base period. A spenddown is calculated and Iris must meet her spenddown before she is covered by Medicaid for this time period.

HCBS budgeting begins in December (the month services start). Based on Iris' income she has an HCBS client obligation of \$178. The **Y** is entered in the 'COST OF CARE > SPENDDOWN' field on the **SPEN** screen. The **LOT**C screen is coded for HCBS payment.

1/2009

## **Waiting List Process**

Before a consumer is placed on a waiting list, the case manager has completed an assessment and obtained the consumer's choice to receive HCBS. HCBS budgeting cannot begin until a person has a slot on the waiver and the eligibility worker should verify this with the case manager before approving HCBS.

## **Example**

Hal McRae was assessed and signed a choice form for the PD waiver in February 2008. Hal's application for medical assistance was processed; he was approved for assistance using the Independent Living methodologies, and was placed on a spenddown for the months of February to July 2008.

In late-June, the eligibility worker receives the ES-3160 indicating that Hal is being placed on the waiver effective July 1st. The form also indicates that services will begin July 4<sup>th</sup> and the cost of care is approximately \$600 per month.

Hal's six-month IL base period is shortened (February through June) and HCBS budgeting begins in July (the month a slot is available for Hal).

**REMEMBER: If a consumer is disabled and placed on a waiting list, please look at all other Medical programs the individual could potentially be eligible for such as, Independent Living (spenddown) or Working Healthy. For Working Healthy contact your Benefit Specialist .**

## **NOTES**

# Communication

## Forms

### ES-3160 (KAECSES I-006)

- Used by SRS to refer an individual to be assessed for HCBS services and approval of Medicaid and HCBS obligation
- Used by the HCBS casemanager to report assessment or choice date, a tentative start date and the cost of HCBS services

### ES-3161 (KAECSES I-007)

- Used by SRS Eligibility staff and HCBS casemanagers to report changes

## What do I report to HCBS casemanagers?

- ❖ Approval or Denial of the application
- ❖ Change in HCBS obligation amount
- ❖ Death of consumer
- ❖ Living arrangement change (entered a nursing facility)
- ❖ Address change
- ❖ Failure to submit a timely review
  - The HCBS case will close automatically if a review is not registered. Best practice would be to contact the HCBS case manger by the 15<sup>th</sup> of the month. HCBS casemanagers can assist the consumer with the review forms so a break in eligibility will not occur.

## Will an applicant receive services while the application is pending?

No. HCBS services cannot begin until the SRS eligibility worker approves Medicaid eligibility and codes the LOTC screen to approve payment of HCBS services. That is why it is important to process HCBS applications as quickly as possible.